Los Angeles County Sheriff's Department
Supervisor's Report on Use of Force

Incident Information

URN: 018-03348-1135-053		Date: 02/18/18	Time: 2324 Hrs.
Location: [redacted] East Avenue H-6		City or Station: Lancaster	
Bureau/Station/Facility: North Patrol Division / Lancaster Station		Admin. Investigation: ○ YES ◉ NO	
Type of Force: Control Hold / Team Takedown / Resistive Handcuffing			
Incident Category: ○1 ○2 ◉3	Deputy Injury: ○ YES ◉ NO	Suspect Injury ◉ YES ○ NO	
☒ Call ☐ Observation ☐ Detail	☐ Foot Pursuit ☐ Vehicle Pursuit		
IAB Notified: ◉YES ○ NO	Person Notified: Lt. Minh Dinh	Emp: [redacted]	IAB Roll Out ◉ YES ○ NO

Involved Employee

E1

Employee #: [redacted]	Last Name: Devoe	First Name: Jim	Middle I.: A.	Rank: DSG	
Sex: ◉ M ○ F	Race: W	Height: 5'09"	Weight: 200	Age: [redacted]	Shift: ◉ EM ○ Day ○ PM; ◉ Regular Shift ○ OT Shift ○ Off Duty
Unit of Assignment: Lancaster Station			Work Assignment (Unit #, Module, etc.): 112D		
Individual Force Used: Control Hold / Team Takedown / Resistive Handcuffing			◉ Directed ○ Rescue ○ Medical Assist	Individual Category ○1 ○2 ◉3	
☐ Injured ☐ Treated ☐ Admitted	Facility:			Coroner Case #	

E2

Employee #: [redacted]	Last Name: [redacted]	First Name: [redacted]	Middle I.: [redacted]	Rank: DSG	
Sex: ◉ M ○ F	Race: H	Height: 5'09"	Weight: 190	Age: [redacted]	Shift: ◉ EM ○ Day ○ PM; ◉ Regular Shift ○ OT Shift ○ Off Duty
Unit of Assignment: Lancaster Station			Work Assignment (Unit #, Module, etc.): 112T2		
Individual Force Used: Control Hold / Team Takedown / Resistive Handcuffing			◉ Directed ○ Rescue ○ Medical Assist	Individual Category ○1 ◉2 ○3	
☐ Injured ☐ Treated ☐ Admitted	Facility:			Coroner Case #	

E3

Employee #: [redacted]	Last Name: [redacted]	First Name: [redacted]	Middle I.: [redacted]	Rank: DSG	
Sex: ◉ M ○ F	Race: W	Height: 5'07"	Weight: 150	Age: [redacted]	Shift: ◉ EM ○ Day ○ PM; ◉ Regular Shift ○ OT Shift ○ Off Duty
Unit of Assignment: Lancaster Station			Work Assignment (Unit #, Module, etc.): 111		
Individual Force Used: Control Holds			○ Directed ○ Rescue ○ Medical Assist	Individual Category ○1 ◉2 ○3	
☐ Injured ☐ Treated ☐ Admitted	Facility:			Coroner Case #	

On Duty Supervisor ☐ Additional Involved Employees

Emp. #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	Goedecke	Jason	M.	Sgt.	YES ◉ NO ○	YES ◉ NO ○

Supervisor Completing Investigation

Emp. #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	Castillo	Maricela	NMI	Sgt.	YES ○ NO ◉	YES ○ NO ◉

Watch Commander / Supervising Lieutenant

Emp. #	Last Name	First Name	Middle I.	Rank
[redacted]	Dinh	Minh	G.	Lt.

[signature] 12/26/18

Watch Commander / Supervising Lieutenant's **Signature**: Date Copy Provided to Employee by: Emp #:

Unit Commander **(Print Name)** Unit Commander's **Signature**: Emp #: Date

DISCOVERY Use Only
FO#

☐ PPI REVIEW COMPLETED

Original: Discovery Unit
Copy: Unit Commander

SH-R-438P (Rev. 01/13)

Supervisor's Report on Use of Force
SUSPECT INFORMATION

018 - 03348 - 1135 - 053

Suspect Information

S 1

Last Name	First Name	Middle Name	Armed? Select
Clutter	Michail	NMI	Not Armed

AKA Last Name: | First Name: | Middle Name:

Sex	Race	Age	Height	Weight	D.O.B	Phone #1: ○ H ○ W ○ C	Phone #2: ○ H ○ W ○ C
◉ Male ○ Female	W	59	508	185	10/15/59	[redacted]	N/A

Street Address: [redacted] | City: [redacted] | State & Zip Code: [redacted]

Booking #: 5236845 | Primary Charge Code: 245(A)(1) | Secondary Charge Code: 597(C)PC | ☒ Criminal History

Treated on Scene? ○ YES ◉ NO | Name: Los Angeles County Fire | Unit: Engine 135 | Phone #: N/A

Hospital Admission? ☐ | Rec'd Treatment At: Antelope Valley Hospita | Coroner Case #: | Mental History ☐ User's guide provides direction on this entry

By: Dr. Travis Deuson | Address: 1600 W Avenue J, Lancaster, CA 93534 | Phone #: 661-949-5000

Under Influence: ◉ YES ○ NO | Substance: Alcohol | 5150 a factor in force? ○ YES ◉ NO User's guide provides direction on this entry

Date: 02/19/2018 | Time: 0500 | ☐ Audiotape: | ☒ Videotape: | ☒ Photos of Injuries: | ☒ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S__

Last Name: | First Name: | Middle Name: | Armed? Select:

AKA Last Name: | First Name: | Middle Name:

Sex: ○ Male ○ Female | Race: | Age: | Height: | D.O.B.: | Weight: | Phone #1: ○ H ○ W ○ C | Phone #2: ○ H ○ W ○ C

Street Address: | City: | State & Zip Code:

Booking #: | Primary Charge Code: | Secondary Charge Code: | ☐ Criminal History

Treated on Scene? ○ YES ○ NO | By: | Unit: | Phone #:

Hospital Admission? ☐ | Rec'd Treatment At: | Coroner Case #: | Mental History ☐ User's guide provides direction on this entry

By: | Address: | Phone #:

Under Influence: ○ YES ○ NO | Substance: | 5150 a factor in force? ○ YES ○ NO User's guide provides direction on this entry

Date: | Time: | ☐ Audiotape: | ☐ Videotape: | ☐ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S__

Last Name: | First Name: | Middle Name: | Armed? Select:

AKA Last Name: | First Name: | Middle Name:

Sex: ○ Male ○ Female | Race: | Age: | Height: | D.O.B.: | Weight: | Phone #1: ○ H ○ W ○ C | Phone #2: ○ H ○ W ○ C

Street Address: | City: | State & Zip Code:

Booking #: | Primary Charge Code: | Secondary Charge Code: | ☐ Criminal History

Treated on Scene? ○ YES ○ NO | By: | Unit: | Phone #:

Hospital Admission? ☐ | Rec'd Treatment At: | Coroner Case #: | Mental History ☐ User's guide provides direction on this entry

By: | Address: | Phone #:

Under Influence: ○ YES ○ NO | Substance: | 5150 a factor in force? ○ YES ○ NO User's guide provides direction on this entry

Date: | Time: | ☐ Audiotape: | ☐ Videotape: | ☐ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

☐ **Additional Suspects Involved**

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION

018 - 03348 - 1135 - 053

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
525751	Goedecke	Jason	

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
Lancaster Station	110S	(●) EM ( ) Day ( ) PM	(●) Regular ( ) OT ( ) Off Duty

Emp. #	Last Name	First Name	Middle Name

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
		( ) EM ( ) Day ( ) PM	( ) Regular ( ) OT ( ) Off Duty

Emp. #	Last Name	First Name	Middle Name

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
		( ) EM ( ) Day ( ) PM	( ) Regular ( ) OT ( ) Off Duty

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
[redacted]	[redacted]	[redacted]	39	[redacted]

Street Address	City	Zip Code	Phone #1	Phone #2
[redacted]	[redacted]	[redacted]	[redacted]	

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

☐ Additional Witness

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(RO) Restraint Device (Other)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(IR) Less Lethal Impact Round (other)
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative
(HR) High Risk

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Involved

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Michail Clutter	S1	[redacted]	E2	UC	NN	
""	""	""	""	HR	NN	
""	""	Jim Devoe	E1	UC	NN	
""	""	""	""	HR	NN	
Jim Devoe	E1	Michail Clutter	S1	TT	NN	
""	""	""	""	CT	FR	AR
[redacted]	E2	""	""	TT	AB	FI
""	""	""	""	CT	NN	AR
Michail Clutter	S1	[redacted]	E2	PK	NN	LE
""	""	""	""	RS	NN	
""	""	Jim Devoe	E1	PK	NN	LE
""	""	""	""	RS	NN	
[redacted]	E3	Michail Clutter	S1	CT	AB	LE
[redacted]	E2	""	""	RH	NN	WR
Jim Devoe	E1	""	""	RH	NN	WR